BYRAM HILLS SCHOOL DISTRICT
10 Tripp Lane
Armonk, New York 10504
914-273-4082 Fax: 914-273-2516

Sick Bank Committee: Gina Cunningham
Robin Zilli
Megan DiDomenico
Kelly Seibert

Please Note: The below named teacher has requested withdrawal of paid sick leave days from a District-wide sick bank. The purpose of the Sick Leave Bank is to provide paid sick leave days for teachers who have a catastrophic, prolonged or disabling illness or accident, requiring long periods of medical care and will be absent from work due to their illness.

Teacher Sick Leave Bank Withdrawal Request

- ☐ **Please complete all information below.**
- ☐ **Doctor must complete the statement thoroughly and sign where indicated.**
- ☐ **Please return the form as soon as possible to:**

Byram Hills School District, 10 Tripp Lane, Armonk, New York 10504, Attn: Human Resources and Personnel

- ☐ **If faxing, a signed original must also be mailed.**

Name of Teacher: _____	Name of Physician: _____
Home Address: _____	Physician's Address: _____
_____	_____
Home Telephone: (_____)_____	Telephone: (_____)_____
E-mail: _____	E-mail: _____
Date of onset of illness or injury: _____	
Anticipated date of return to work: _____	

How does this catastrophic, prolonged or disabling illness or accident impact the teacher's ability to perform his/her duties?

_____

_____

_____

Is this teacher able to be in attendance full days without restriction in a school setting? □ Yes □No

This is to advise you that _____ is under my care for:

Diagnosis:	**Prognosis:**

Is this treatment medically necessary at this time? □ Yes □No **Physician's Signature:** _____

For Office Use Only:
Received by Sick Bank Committee: ____/___ /____ Approved: □ Yes □No Days Approved: #_____
Signature: _____ ***rev. Jan 2020***